PTO/SB/22 (09-06)
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| PETI | TION FOR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) | | |
|---|--|--------------------------|--------------------------|--|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | DA | T-0002 |
| Application Number 09/910,662-Conf. #2628 | | | Filed | July 20, 2001 |
| For METHOD AND APPARATUS FOR ASYNCHRONOUS MIRRORING USING TCP/IP INTERNET PROTOCOL | | | | |
| Art U | nit 2151 | | Examiner | N. Tran |
| identi | s a request under the provisions of 37 CFR 1.136 fied application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| | X Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment Deposit Account Number 18-0013 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent or record. Registration Number 40,290 attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 | | | | it any overpayment, to y of this sheet. |
| | | | | ry 15, 2007 |
| Christopher M. Tobin | | | Date (202) 955-3750 | |
| Typed or printed name | | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of1 forms are submitted. | | | | |
| | | | 2/16/2007 MBERHE - 8 | 8888851 188813 |

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